

AFFIDAVIT
(PUBLIC NO COST)

STATE OF MISSOURI)
)
COUNTY OF (Name))

I, (Insert Director's Name), Director of the Department of (Name), first being duly sworn on my oath state that it is my opinion that the cost of (proposed rule/proposed amendment or proposed rescission, whichever is applicable) of (Rule No.) is less than five hundred dollars in the aggregate to this agency, any other agency of state government or any political subdivision thereof.

(Name)
(Title)
(Name of Department)

Subscribed and sworn to before me this___ day of _____, (year). I am commissioned as a notary public within the County of (Name of County), State of Missouri, and my commission expires on_____.

NOTARY PUBLIC